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APPLICANTS

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** CONTINUING DATA *****

none K.P.

** FOREIGN APPLICATIONS *****

none K.P.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 9	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>K.P.</i>		
Verified and Acknowledged				

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TITLE

Phone number replace code system and method

FILING FEE RECEIVED 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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